No Staples

## 2012 Montana Individual Income Tax Reliff

EXHIBIT 3		
DATE_ 2-1	9-13	(Feb 19)
	102	111111111

Mark all that apply.	First Name and Initial	Last Name	So.	cial Securi	ty Number E Dec	eased? Date of Death	
Amended Return	Spouse's First Name and Initial	Last Name	Sp	ouse's Soc	***************************************	eased? Date of Death	
NOL Carryback	Mailing Address		City	3711	State Zip+4		
Filing Status Mark only one box.	1 Single 2 Married filing jointly 3a Married filing separately 3b Married filing separate 3c Married filing separate 4 Head of household	ly on separate forms	you both want to allow us to disc		eturn with your spouse? (see page 2 of instructions)	Yes No	
Residency	5a Resident full year	Resident Part-Ye	ar Required Information	Str.		id vou know?	
Status Mark solvess	6h Noorsoidant full year					Did you know? You can file and pay online.	
Mark only one box.	5c Resident part-year	State moved to	State moved from		<b>ETTE</b>	revenue.mt.gov	
First	Name	Last Name	Social Security Number	111	Relationship	Mark if Disable	
2 *************************************	10 mm 12 - 4 to 4 - 22 - 4 consection and 6 my broken 2 - 3 years (2000) (2000) (2000) (2000) (2000) (2000) (2000)	Policina (Inc.)		2012 A 54 COGS	**************************************		
	The MINE Co. St. of the Company of the Control of t	Vietname of the control of the contr					
A Transaction	ne we = km M/m ke/MM/km + kk + ne + mile e/shem/mm/km me energenaminen we gen	** ***********************************				a = man	
				8	Column A (for single, joint, separate, or head	rallitat	
	grant rate:	WWW.			of household)	Column B (for spouse when filing separately	
6a X Yours		Blind	Enter number marked	\$455.38	000000 00000 W.	using filing status 3a)	
6b Spou	Emmany)	Blind	Enter number marked	2822000	one recommunication controls that the recommendation and the controls the controls that the controls the controls the controls the controls the control to t	enter a superior de la company	
	e total number of dependents. If m s 6a through 6c and enter total ex		· •	\$	v. dv. vi dvderi (della della dell	Will Manhand als A. Carama Saramana, anama Mareeve —	
ou Addine				HOP MAG	224.		
7 Wagaa (	Enter amounts on lines 7 through		STAN SERVICE INCOMERSION OF THE SECOND SERVICE AND THE SECOND S				
	salaries, tips, etc. Include federal interest. Include federal Schedule				00	0	
	mpt interest. Do not include on line	CARLES OF THE PARTY OF THE PART	00 00	8a	00	C	
	dividends. Include federal Sched	\$2000 C		9	00		
	refunds, credits, or offsets of state	•		5000000	00		
	received			100000000000000000000000000000000000000	00	0	
12 Business	income or (loss). Include federal Sc	chedule C or C-EZ. NA	ICS:	12	00		
13 Capital a	gain or (loss). Include federal Sche	edule D if required	***************************************	13	00	² C	
io Capital y		hedule 4797		14	00	0	
_	ins or (losses). Include federal Sc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		11/1/00/2003			
14 Other ga	ACTION OCCUPANTAL AND A TOTAL COLUMN	00	00 Taxable amount	363243900	00	0	
14 Other ga 5a IRA distr	ACTION OCCUPANTAL AND A TOTAL COLUMN	AND AND SHARE AND A STATE OF THE STATE OF TH	00 Taxable amount	15b	00		
Other ga RA distr Pensions Rental re	ibutions. 15a s and annuities. 16a eal estate, royalties, partnerships,	00 00 S corporations, trusts. Inc	Taxable amount  Taxable amount  Taxable amount	15b 16b 17		0	
Other ga IRA distr Pensions Rental re Farm inc	ibutions. 15a s and annuities. 16a eal estate, royalties, partnerships, come or (loss). Include federal Sch	00 S corporations, trusts. Inc	Taxable amount Taxable amount Taxable amount	15b 16b 17 18	00	0	
Other ga IRA distr Pensions Rental re Farm inc Unemplo	ibutions. 15a s and annuities. 16a eal estate, royalties, partnerships, come or (loss). Include federal Sch	00 00 S corporations, trusts. Inc	Taxable amount  Taxable amount  Taxable amount  Taxable amount	15b 16b 17 18 19	00	0 0 0 0 0 0	
14 Other ga 5a IRA distr 6a Pensions 17 Rental re 18 Farm inc 19 Unemplo 0a Social se	ibutions. 15a s and annuities. 16a eal estate, royalties, partnerships, come or (loss). Include federal Sch	00 00 S corporations, trusts. Inc	Taxable amount Taxable amount Taxable amount	15b 16b 17 18 19 20b	00 00 00	0 0	



Form 2, Page 2 - 2012 Social Security Number: Column A (for single, Column B (for spouse when filing separately joint, separate, or head of household) using filing status 3a) Your total income from line 22 23 23 00 00 24 Educator expenses (Caution – see instructions on page 5) 00 0.0 Certain business expenses of reservist, etc. Include federal Form 2106 or 2106-EZ..... 25 25 00 00 26 Health savings account deduction. Include federal Form 8889..... 26 00 00 27 Moving expenses. Include federal Form 3903..... 27 00 00 28 Deductible part of self-employment tax. Attach federal Schedule SE 28 nη 00 Federal Adjusted Gross Income 29 Self-employed SEP, SIMPLE, and qualified plans..... 29 00 00 30 Self-employed health insurance deduction..... 30 00 00 31 Penalty on early withdrawal of savings..... 31 00 00 32a Alimony paid..... 32a 00 00 32b 33 IRA deduction ..... 33 00 00 34 Student loan interest deduction..... 34 00 00 Tuition and fees (Caution – see instructions on page 5.) ..... 35 35 00 00 36 Domestic production activities deduction, Include federal Form 8903 36 00 00 37 Add lines 24 through 36 and enter the result here. Federal write-ins..... 37 00 00 38 Subtract line 37 from line 23 and enter the result here..... 38 00 00 38a Combine amounts on line 38 columns A and B and enter here. This is your federal adjusted gross income. 00 Enter Montana additions to federal adjusted gross income from Form 2, page 4, Schedule I, Montana AGI 39 00 00 Enter Montana subtractions from federal adjusted gross income from Form 2, page 5, Schedule II, line 35..... 40 00 00 Add lines 38 and 39; subtract line 40. This is your Montana adjusted gross income..... 41 00 00 Deductions Standard Deduction (see Worksheet V on page 46) Must mark } OR Taxable Income one box. 42 Itemized Deductions (from Form 2, Schedule III, line 32) 00 00 Subtract line 42 from line 41 and enter the result here..... 43 00 00 Exemptions (All individuals are entitled to at least one exemption.) Multiply \$2,240 by the number of exemptions on line 6d and enter the result here 44 00 00 Subtract line 44 from line 43 and enter the result here. This is your taxable income. ..... 45 00 00 Tax from the tax table on page 7 or from Form 2, page 4. If line 45 is zero or less than zero. enter zero ..... 46 00 0.0 Nonrefundable Credits and Recapture 2% capital gains tax credit..... 47 00 00 Subtract line 47 from line 46; enter the result here, but not less than zero. 00 This is your resident tax after capital gains tax credit..... 48 00 Nonresident, part-year resident tax after capital gains tax credit. Enter here the amount from Form 2. Schedule IV, line 22, but not less than zero 00 48a 00 Tax on lump-sum distributions. Include federal Form 4972..... 49 00 00 Add lines 48 or 48a and 49 and enter the result here. This is your total tax. 50 0.0 00 Enter the amount from Form 2, Schedule V, line 23, but do not enter an amount larger than the

This is your 2012 tax liability. Questions? Call us toll free at (866) 859-2254 or in Helena at 444-6900 or TDD (406) 444-2830 for hearing impaired.

Add lines 50 and 52, then subtract the amount on line 51 and enter the result here.

amount on line 50. This is your total nonrefundable credits.

Recapture tax(es) (see instructions on page 7)

Tax,



Code

00

00

00

00

00

0.0

51

52

Code

	Fo	orm 2,	Page 3 – 2012 Social Security Numb	per:	11 MATTER .	\$ 1			November 1980 N. N. Jayou to engage upage	Managar May 15 kg s an	
									Column A (for single, separate, or head of household)		Column B (for spouse when filing separately using filing status 3a)
Payments and Refundable Credits	54	4 Your 2012 tax liability from line 53						54	Persent VARASAL AND	00	00
	55							55		00	0.0
	56	Mon	tana mineral royalty tax withheld. Include feder	na mineral royalty tax withheld. Include federal Form(s) 1099 and supporting schedule, if any						00	00
	57	7 Montana pass through entity withholding. Include Montana Schedule K-1						57		00	00
	58	3 2012 estimated tax payments and amount applied from your 2011 return							TELEVISION OF THE PROPERTY OF	00	00
	59	2012	2 extension payments from Form EXT-12	from Form EXT-12						00	loc
	60		undable credits from Form 2, Schedule V, line		60		00	00			
ents	61		ing an amended return: Payments made wi					61		00	00
aym B	62		ing an amended return: Previously issued re					62		00	00
^	63		lines 55 through 61. Subtract line 62, enter the				•	63	.07	00	00
	64		e 54 is greater than line 63, subtract line 63 f		-			64		00	00
	65		e 63 is greater than line 54, subtract line 54 f		_			65	######################################	00	00
2	66	Inter	rest on underpayment of estimated taxes (see							66	00
Penalties, Interest and Contributions	67			2/3 farming gros					were made using th	0.000 w.347940***	
₹.	67		file penalty, late payment penalty and interes						4	67	00
ర్థ	68		er penalties (see instructions on page 10)						**	68	00
st an	UƏ	69 Total voluntary check-off contribution programs from lines 69a through 69d								69	00
leres		69a Nongame Wildlife Program \$5 \$10 00 other amount 69b Child Abuse Prevention \$5 \$10 00 other amount									
S, E		CO. And the control of the control o									
altie		69d		\$5		\$10	00		amount		
Pen	70		Montana Military Family Relief Fund	\$5		\$10	00		amount		ж.жет
11	70	The second state of the second									
Swe	/ 1	If you have tax due (amount on line 64), add lines 64 and 70 OR, if you have a tax overpayment (amount on line 65) and it is less than line 70, subtract line 65 from line 70. Enter the result here. If married filing separately and there are amounts on lines 64 and 65, please see instructions on page 11. <b>This is the amount you owe</b>									
Se Se		Why not e-pay? See your options at revenue.mt.gov. If writing a check, make it payable to MONTANA DEPARTMENT							VT OF	REVENUE.	
Amount You Owe or Your Refund	72	172 If you have a tax overpayment (amount on line 65) and it is greater than line 70, subtract line 70 from line 65 and enter the result here. This is your overpayment.							65 and enter	72	00
₹ °	73								73	00	
3 16	74	Subt	tract line 73 from line 72 and enter the result	here. <b>This is y</b>	our re	fund				74	OC
refund	, com e see	plete	t of your 1. RTN# 1, 2, 3, and 4 ctions on 3. If using direct deposit, you 4. Is this refund going to an a	•			Chec	•	Savings territories?	- MANAGE	Yes No
			e swearing, I declare that I have examined this return,							elief, it i	
::************************************	signa	ture i	s Required Date	Daytime I	elepho	ne Number	Spouse's	Signa	ure		Date
X Paid F	repar	er's S	ignature	Paid Pre	parer's	PTIN/SSN	X	Firn	n's FEIN		
	J wan	t to al	nee low another person (such as a paid ss this return with us (see page 13)?	Third Party De	State Control of the		90 UX-180 . Ic.			H	Mark this box if you do not want forms and instructions mailed
	., .5		es No	Third Party De	signee	s Phone Nur	IIOEF	446		H	to you next year.

